Lesson 67 - How To Practically Withstand Hospitalization With The Least Harm; What Treatments To Accept, Reject

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1. Introduction

Many people, at some time of their life, find themselves in the hospital. Often it is due to an accident of some sort where surgery is necessary or bones must be aligned and set. Some people find themselves being talked into entering the hospital for acute or chronic diseases. This lesson will demonstrate the dangers of hospitalization so that you may be aware and act accordingly. You will learn about various tests and surgical procedures so you will be able to determine whether you wish to undergo these rigors.

As an individual, you have certain rights and these will be enumerated. Be sure to be aware of and assert your rights. Even Hygienists may have to go to a hospital for accident treatment; this lesson will provide some practical advice.

2. Choosing A Hospital

Millions of people are hospitalized each year who need no hospital care whatsoever. Many physicians now admit that at least 10 percent of hospital admissions are not necessary. We know, however, that the true statistics were actually much higher than that, more like 95%. If you feel as though you must go to the hospital, you should ask your physician the names of all hospitals where he has admitting privileges and then discuss with him the pros and cons of each. A lot of your time, energy, and money can be wasted if you let your physician "send" you to a less-than-adequate hospital. If you are not satisfied with your physician's plans for your hospital admission, you should seriously consider finding a physician at the hospital of your choice, or simply going there as a "ward" or "clinic" patient.

Once you have assured yourself about equality, you may wish to consider a hospital's efficiency; its length of stay, occupancy rate, and daily cost. If you have a choice, let's say, between two hospitals you might wish to take these "efficiency factors" into account. You might wish to choose the hospital with the lower daily rate, or length of stay.

If you have been in an accident, you will not have a chance to go through all this decision making concerning an appropriate hospital. It may be worthwhile, however, to go through these steps in the event such a decision would be necessary.

2.1 Your Admission

Some hospitals, on admission, ask you to sign a blanket consent form covering many items, but these vague and indefinite forms have not held up in court. And, even if you do sign such a form, you still have the right to refute any procedure during your stay. Before each major procedure, you will also be asked to sign a specific consent form, once the procedure has been explained to you.

Some hospitals also ask you to sign a form releasing them from legal responsibility in case of negligence. This type of release has not held up in court either. If you object to signing such forms but the admitting clerk insists that you do so, keep in mind that they have not been known to be enforceable.

Most hospitals will want the following five items:

1. The social security card or number of the head of the household (that person who will have the ultimate responsibility for the bill).
2. Your insurance cards or numbers.
3. Your Medicare and/or Medicaid card.
4. Name, address, and phone number of your employer and of your spouse.
5. Name, address, and phone number of the person to notify in case of an emergency.

2.2 What to Bring With You

Take the items that you would need for routine comfort: toothbrush, shaving equipment, pajamas or nightgown, robe and slippers. Optional items might include stationery and stamps, address book, needlework projects, books, etc. However, keep in mind that you should try to discharge yourself as soon as possible and it may be unnecessary to bring many such things with you. Circumstances will dictate. If you have been in a severe accident, it may be necessary to stay in the hospital for awhile. In this case, you may ask friends to bring in reading material and other needs.

2.3 Questions to Ask

Don't be afraid to ask questions. Not only do you have the right to question your care; you owe it to

yourself to do so. Here are some questions you should ask:

1. What do you think is wrong with me?
2. What tests do you recommend? Is there any special preparation for any of these tests?
3. What medication do you suggest? What are their purposes? How will they be administered? How often? (As you know, we do not recommend medications, but if surgery is required for repair of bones or tissues following an accident, you may have to take certain anesthetics and drugs.)
4. Will I see the anesthesiologist before the operation? What preparations are required before surgery? After the preliminary tests are completed, you may ask:
    1. What are the test results?
    2. What did the various consultants think?
    3. Are there any changes in medications?
    4. How long a recovery period is anticipated?

2.4 Initial Tests

You will be given a blood test, during which time blood will be drawn from a vein in your arm and then your blood will be subjected to a dozen or more tests for information about your kidneys, liver, and endocrine glands. Sugar and cholesterol levels will also be measured. You will have X rays if you have been in an accident. Do not allow them to take X rays every day of the same parts.

If you think that the X rays have been excessive, you may refuse further ones until you discuss this situation with your physician. You may also be given an electrocardiogram.

Once you are in your room, a nurse will appear to take hat is called a nursing history. She will want to know about any previous hospitalizations and problems. She will take your blood pressure, pulse, respiration, and temperature, and ask for a urine specimen.

If it is a teaching hospital, you may be examined and questioned more than once. If this becomes unbearable, speak up and let them know that you have already been examined and do not want to be again.

2.5 Your Room

The choice of a private or semiprivate room may be left up to you, but sometimes physicians recommend a private room. Some people can't bear the thought of being in a room with strangers; others enjoy the company and would not opt for a private room even if there were no cost differential. Sometimes, however, a roommate or mates can be unbearable (especially if they smoke) and make rest impossible. If that is the case, ask the nurse on the floor to have your room changed.

Most insurance policies cover, semiprivate rooms—usually two patients to a room. In most hospitals semi-private rooms are now two-patient rooms, some are four, and a few still have as many as six. If you wish to have a private room, discuss this with your physicians. If you choose a private room, you will almost surely be responsible for the difference in cost, since insurance coverage is usually limited to semiprivate facilities.

Some hospitals not only give you a choice of semi-private versus private, but also allow you to choose smoking or nonsmoking areas. You will probably not be able to choose your roommate, but if you have serious roommate problems, as mentioned above, you can switch rooms.

2.6 If You Want to Leave the Hospital

What happens if you go in for a particular procedure and then change your mind? What if your doctor recommends an operation, but you decide you don't want to have it? Tell him, and ask that he discharge you. Usually he will do this willingly, but if he feels strongly about your staying put, he may be

resistant. In fact, he may refuse. In that case, you can sign yourself out. Don't be intimidated; trust your instincts and do what makes you feel most at ease.

3. Dangers Of Hospitalization

Once committed to entering the hospital, you should make you your mind to stay no longer than absolutely necessary. In a recent study by the New York City Health Services Administration, some 30 percent of people hospitalized more than twenty-one days, had no valid reason for being in the hospital. Ask your doctor to estimate your discharge date.

4. Let The People Beware

The following are true cases (from *The Great Billion Dollar Swindle* by Dr. K. A. Laski):

1. A person is admitted for cancer surgery on the left leg and the right leg is amputated by mistake.
2. A woman admitted to a hospital for removal of a tumor in her right lung has her left lung removed by mistake. The tumor-filled lung is all she has left to breathe with.
3. A twenty-six-year-old man, about to be married, enters the hospital to have an operation on an undescended testicle. Somehow, his twenty-year-old surgeon inadvertently cuts off his penis.
4. An intensive care unit person falls out of his bed three times, striking his head each time, and afterward dies.
5. A person in intensive care is found out of his bed, not on t'he floor or in a chair, but walking aimlessly in a delirium on the hospital roof eight floors above the ground.
6. During thyroid surgery, one man's whole vagus nerve trunk is accidentally severed, leaving him with permanent paralysis of the voice box. Another man's surgeon accidentally removes all four parathyroid glands, leaving him with a lifetime of life-threatening agony.
7. A comatose diabetic is brought to the hospital emergency room. During his hospital stay, intensive treatment with insulin, intravenous fluid, electrolytes, and all medical means are expended to save the patient. He recovers and becomes fully alert; yet, a day before going home, he collapses and enters a deep coma again. The doctors are stumped. Has he had a stroke? Has he had a relapse? What on earth happened? The answer is that the nurses failed to give the patient his insulin while in the hospital for over three days.
8. The people get someone else's lab tests, someone else's X rays, someone else's surgery, someone else's baby.
9. A person enters the hospital with a bleeding stomach ulcer. The clever intern puts a tube down into the stomach, hooks it up to a vacuum pump, and proceeds to suction the patient's blood continuously, almost bleeding the man to death.
10. Intravenous solutions contain life-threatening contaminants.
11. Blood transfusions induce hepatitis.

12.Halothane anesthetics have caused massive liver destruction.

4.1 To Rule Out Myocardial Infarction

A person with chest pain, if he is over age twenty-one, can well expect to be stuck in the hospital for at least a three-day "observation period."

The vast majority of these admissions to "rule out acute M.I." (myocardial infarction or heart attack) are unnecessary. The patient goes home and is none the wiser as to why he had chest pain in the first place. The physician does not educate the patient as to how to live so heart disease will not exist.

Even in those very few patients who do get heart attacks after hospitalization to "rule out acute M.I.," there is no evidence that hospitalization is necessary in the overall picture. In Britain, people suffering from heart disease are kept at home, they are not hospitalized. The results in Britain are no different than the results in the U.S. Furthermore, the need for coronary care units is being questioned. No difference exists in mortality or morbidity rates between places where coronary care units are available and places where they are nonexistent.

A more rational care for the person who suffers from heart disease is to fast and rest. This will allow the heart tissue to heal and regenerate. Dr. Shelton has fasted many hundreds of people with heart disease with tremendous success—much moreso than any hospital could claim.

4.2 Coronary Care Units

Many times the physician, to protect himself from any possible risk, will put anyone with any chest pain in the hospital—even if the person is too young for coronary disease.

Physicians dutifully put everyone they see with chest pain in these coronary care units. Of these people, perhaps one out of five have coronary problems.

As mentioned, in England, physicians do not hospitalize patients with heart disease. They send them home to rest. Statistics show no difference between survival of heart attack patients in England and the United States. And Hygienic practitioners have the best survival rate of all because they know how to "intelligently do nothing." They instruct their clients how to live so that neither heart disease nor any other disease will evolve.

4.3 Intermittent Positive Pressure Breathing

IPPB, or "intermittent positive pressure breathing," is a disputed form of medical treatment that costs the U.S. public a total of $1.5 billion yearly. Consisting of forced inhalations of air, or air plus a little salt water, given briefly every three hours or so, IPPB is one of the biggest money-makers hospitals have. Costing the patient a hundred dollars or so daily, these IPPB respiratory treatments markedly raise a patient's hospital bills and are one of the major causes for the rise in hospital charges during the past several years.

Yet, occasional deaths have occurred from these treatments. Approximately 50 percent of all pulmonary specialists insist the treatment is useless.

The fact that the individual can still breathe in between IPPB treatments means he never needed the treatment in the first place. A great number of physicians concede this but go right on ordering IPPB anyway. Remember, you have the right to refuse any treatment. You do not have to accept worthless and costly therapies.

4.4 Medical Errors

Dr. Arthus Levin cites a story concerning hospital errors (*Talk Back to Your Doctor*, New York:

Doubleday & Company, Inc. 1975):

"There is an old story doctors at the prestigious Massachusetts General Hospital used to tell. It seems a little old man walked into the MGH outpatient clinic one day to get a new pair of eyeglasses. By mistake someone directed him to the gastrointestinal clinic. Once there he got into the wrong line. Before he knew it, he found himself on his hands and knees on an examining table, having a sigmoidoscopic exam. During the procedure, the instrument accidentally perferated his bowel. The unlucky fellow was admitted to the hospital, where he underwent surgery to repair his torn bowel, developed peritonitis, and died."

Duncan Neuhauser, a hospital expert now at Harvard, studied thirty Chicago hospitals. He found that some had death rates three times as great as others. Neuhauser estimated that overall, hospital death rates could be lowered by 50 percent.

The National Commission on Medical Malpractice found that nearly 8 percent of hospital patients were the victims of medical errors which made their conditions worse. A larger number, presumably, were victims of errors which—fortunately—did not worsen their health status. At least their health was not immediately noticeably impaired but such treatment can only result in a lowered degree of health. Remember, only the body can heal and any interference will hinder healing and repair.

Medical errors occur frequently. (We condemn all drugs and the reasons were outlined in earner lessons.) Medication errors occur in all hospitals when people (a) receive the wrong medicine, or (b) the "correct" medicine in an incorrect dose or form, or by the wrong route of administration. These errors make the poisonous effects even worse.

Milton Silverman and Dr. Philip R. Lee, in their book *Pills, Profits, and Politics*, assert that "from two to eight percent of all drugs doses given in hospitals are in error— wrong drug, wrong dose, wrong route of administration, wrong patient."

Medication errors happen for many reasons. The physician makes an error when writing in the "order book." A nurse makes an error when copying the doctor's order from the book into her card file. Or the nurse doing out cups of "medicine" simply gives you someone else's cup. However, any medicine is wrong and what is poisonous for one person is poisonous for another. But the fact remains that certain drugs are more toxic to certain individuals due to their particular state of health at that time.

If you elect to accept the medication your physician has prescribed for you, you should know what it looks like. If a nurse gives you a new medication, you should make sure your doctor's orders have changed (ask her to check the order book). As I stated earlier, drugs are not indicated in disease, but in case of accidents, it may be necessary to accept some, especially if surgery is required for repair.

Dr. Levin cites another case where medication was given in error. "A male construction worker was injured when a nail pierced his right leg and fractured his fibula. On being taken to a hospital, he informed the medical student who took his history that he was allergic to penicillin. This information was passed along to the nurse anesthesist. There was, however, a question as to whether the information concerning his allergy was given to the resident who performed the surgery, and who wrote the postoperative orders. The information was not given to the staff surgeon who was in charge of the resident's activities. The construction worker was given large doses of penicillin postoperatively. He suffered a cerebrovascular accident (stroke) followed by severe physical and personality changes."

This case shows how dangerous drugs are and how crucial facts can get "lost in the shuffle" among the hospital hierarchy. You should be aware that this can happen. You should never assume that what you tell one physician will be communicated to all your physicians. It may be tiresome repeating the same story three or four times, but he assured that it is necessary.

4.5 X Rays

The U.S. Food and Drug Administration estimates that Americans spend $6.3 billion annually for

diagnostic X rays, most of which are totally unnecessary.

These X rays (exposure may induce cancer) result in profits to hospitals and doctors and may be ordered just to help a doctor protect himself from charges of inadequate work-up in a malpractice case. Here is "defensive medicine" practiced by physicians, for physicians, with total is regard for the safety and pocketbook of the patient, whom the physician fears as a potential malpractice threat. You have the right to refuse to be x-rayed. Defend your rights!

5. Health Advocate

A health advocate is someone who can represent your interests in dealing with physicians and other health personnel. The job of a health advocate is to make sure you are getting proper care and attention.

Anyone who enters a hospital, or other health care institution, ought to consider having a health advocate. The advocate's sole function is to represent your interests—regardless of what they may be—when you are not totally able to do so yourself.

6. Your Rights

When in the hospital, you have the right to:

1. see your hospital record;
2. refuse to be examined by a medical student;
3. refuse a diagnostic test or procedure;
4. refuse treatment;
5. demand that your records be kept a secret;
6. leave the hospital at any time.

Informed consent is one of your most important rights as an individual. This means that, before any procedure or treatment, your physician must inform you of its risks and consequences. He must, after this explanation, have you sign a consent form.

You should not feel obliged to sign a consent form even if you are satisfied that you have been fully informed concerning the procedure or treatment in question.

Do not sign a blank consent form. Do not let the physician convince you to sign a blank form, saying, "I'll fill in the procedure later." Or, "We're not sure exactly what the surgery will be at this time."

Below are your "Bill of Rights" as outlined by the American Hospital Association:

1. You have the right to considerate and respectful care.
2. You have the right to obtain from the physician complete current information concerning his diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to

understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person in his behalf. He has the right to know by name the physician responsible for coordinating his care.

3. You have the right to receive from the physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include but not necessarily be limited to the specific procedure and/or treatment, the medically-significant risks involved, and the probable duration of incapacitation. Where medically-significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.
4. You have the right to refuse treatment.
5. You have the right to every consideration of your privacy concerning your own medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in your care must have the permission of the patient to be present.
6. You have the right to expect that all communications and records pertaining to your care should be treated as confidential.
7. You have the right to expect that within its capacity a hospital must make reasonable response to the request of a patient for services. The hospital must provide evaluation, service, and/or referral as indicated by the the urgency of the case. When medically permissible, a patient may be transferred to another facility only after he has received complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.
8. You have the right to obtain information as to any relationship of his hospital to other health care and educational institutions insofar as his care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, who are treating him.
9. You have the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.
10. You have the right to expect reasonable continuity of care. He has the right to know in advance what appointment times and physicians are available and where. The patient has the right to expect that the hospital will provide a mechanism whereby he is informed by his physician or a delegate of the physician of the patient's continuing health-care requirements following discharge.
11. You have the right to examine and receive an explanation of your bill regardless of sources of payment.
12. You have the right to know what hospital rules and regulations apply to his conduct as a patient.

7. Abbreviations

While you are in the hospital, you will see various instructions concerning your care that are written in a type of code that would be impossible for you to decipher if you did not know what some of their abbreviations meant. Below are the most common abbreviations used in most hospitals.:

a - before
a.c. - before meals
ADL - activities of daily living
ad lib - as desired
AMA - against medical advice
ASA - acetylsalicylic acid (aspirin)
ASHD - arteriosclerotic heart disease
b.i.d. - twice a day
BP - blood pressure
BPH - benign prostrate hypertrophy (enlargement)
BRP - bathroom privileges
Bx - biopsy
c - with
CA - cancer
CAD - coronary artery disease
CBC - complete blood count
CBD - common bile duct
CC - chief complaint
CCU - coronary care unit
CHD - coronary heart disease
CHF - congestive heart failure
chol. - cholesterol
CNS - central nervous system
COPD - chronic obstructive pulmonary disease
CSF - cerebrospinal fluid
CVA - cerebrovascular accident
CVP - central venous pressure
CxR - chest X ray
D & C - dilation and curettage
DM - diabetes mellitus
D/W - dextrose in water
Dx - diagnosis
ECG or EKG - electrocardiogram
EEG - electroencephalogram
ER - emergency room
FBS - fasting blood sugar
FH - family history
Fx - fracture
GB-gallbladder
GI - gastrointestinal
GTT - glucose tolerance test
GU -genitourinary
Hgb - hemoglobin
HPI - history of present illness
h.s. - at bedtime—literally, hour of sleep
Hx - history
ICU - intensive care unit
I & D - incision and drainage
IM - intramuscular
I & O - intake and output
IPPB - intermittent positive pressure breathing
IV - intravenous

IVP - intravenous pyelogram
KUB - kidneys, ureters, bladder
l - left
LLE - left lower extremity
LMP - last menstrual period
L.P - lumbar puncture
LUE - left upper extremity
m- murmur
MI - myocardial infarction (heart attack)
N-G - nasogastric
N & V - nausea and vomiting
NPO - nothing by mouth (non per os)
NSR - normal sinus rhythm (heart rate)
o - none
OOB - out of bed
OPD - outpatient department
OR - operating room
OT - occupational therapy
p - after
p.c. - after meals
P.E. - physical examination or pulmonary embolus
PI - present illness
p.o. - (by mouth (per os)
p.r. - rectally
p.r.n. - as often as necessary
pro time - prothrombin time
pt - patient
P.T. - physical therapy
PTA - prior to admission
Px - prognosis
q - every
q.h.-every hour
q.i.d. - four times a day
q.o.d. - every other day
q2h - every two hours
q4h - every four hours
q.n. - every night
q.s. - quantity sufficient
R - right
RBC - red blood cell
rbc - red blood cell
RHD - rheumatic heart disease
RN - registered nurse
ROM - range of motion
RT - radiation therapy
Rt - right
RUQ - right upper quadrant (abdomen)
Rx - therapy or treatment
s - without
s.c. - subcutaneous
SH - social history
S1CU - shortness of breath

s.o.s. - may be repeated once if urgently required
S & S - signs and symptoms
stat. - immediately and once only
Sx - symptoms
T & A - tonsillectomy and adenoidectomy
TIA - transient ischemic attack
t.i.d. - three times a day
TRP - temperature, pulse, respiration
TUR - transurethral resection
TURP - transurethral resection of the prostrate
Tx - treatment
URI - upper respiratory infection
UTI - urinary tract infection
VS - vital signs
WBC - white blood count
wbc - white blood count
y.o. - year old

8. Nursing Care

Nursing care is a big part of hospital life. People often feel helpless when faced with rude, incompetent nurses. What can you do if you have the bad luck to encounter a nurse or an aide who is not giving you reasonable care; who is making you wait, for instance, half an hour for a bedpan even though she's not doing anything else? You (or if you are not up to it, your family or friends) should tell the head nurse. In her absence, ask for the nurse in charge. If this does not solve your problems, you can contact the nursing supervisor who is responsible for that unit. If none of these people can resolve your problem, go up the chain of command, which ends with the director of nursing, who is ultimately responsible for all nursing care in that institution.

9. Food

You may try to request from the dietary department only fresh fruits and uncooked vegetables. Most, often, however, these foods will not be available in the quantity or quality that you require. You may, then, have food brought in from the outside.

Ask family and friends to bring in your fresh fruits, vegetables, nuts, dried fruits, etc. This is the best way, and probably the only way, that you will be able to obtain good food. As a general rule, do not accept any of the hospital fare. Even their fruit juices should be regarded with suspicion. Most often it is not real fruit juice but a fruit-flavored drink with sugar and other chemicals added. Rely on your outside

sources.

10. Drugs

No matter what the reason for your hospitalization, chances are you will encounter some kinds of drugs. Sleeping pills are routinely offered on the assumption that you aren't feeling well or you wouldn't be in the hospital in the first place, and that since you are not in your own bed in your own home, you may have difficulty falling asleep. However, no one can force you to take these pills. Simply tell the nurse that you do not want them.

Pain relievers are also given routinely after operations, even minor ones. Again, you have the right to refuse these medications if you feel that they are unnecessary.

There are drugs that result in the depletion of your body's supply of certain chemicals. Diuretics, for one, can cause you to lose a significant amount of potassium. Your |doctor may prescribe another drug containing potassium to replace what is lost. However, this inorganic form of potassium is not utilized by the body. Tell your doctor that you prefer to obtain your minerals from the food that you eat. Potassium, for example, is found in large quantities in fine foods such as bananas, apricots, and raisins.

Drugs are administered orally (pills, tablets, or liquids); by injection (intramuscularly or intravenously); or rectally in the form of suppositories. Be firm! Do not let the physicians or nurses talk you into taking drugs that you do not want.

10.1 Pills

If you must take pills before surgery or to alleviate excruciating pain from an accident, you must make sure that what the nurse hands you is truly yours. This is what should happen: the nurse who brings the medication should check the nameplate on your bed, ask you your name, check the medicine card against your ID bracelet, and then—and only then—hand you your medication. If she doesn't follow all these steps, let her know who you are before you take the medicine.

Learn what your medication looks like. Most physicians do not change medication without telling their patients. If you have been taking big red pills, and suddenly you are given some small yellow ones, ask the nurse, "How come?" But any drug should not be taken if you can bear the pain without them. The body will heal better without the drug. Using up vital energy expelling drugs will interfere with and delay healing and repair. Your individual situation will dictate what is best.

10.2 IV (Intravenous)

IVs are often used routinely as a matter of course. They are almost never needed. You have the right to refuse this unpleasant treatment and I would recommend that you do so.

The IV is usually inserted into a vein in your hand or arm. A tourniquet is first applied to make the vein stand out, and a needle or thin plastic tube is then inserted into the vein. This, in turn, is attached to a bottle which hangs from a pole above your bed or chair. The bottle is kept high so that gravity will keep the solution flowing. It will be kept running all the time with a glucose/saline/water/potassium solution. Other drugs may be added to it.

Sometimes the needle gets dislodged from the vein, and the solution goes into the surrounding tissue.

This is called infiltrating, and your arm or hand will swell. Tell the nurse at once if this should happen. The IV should be stopped and the needle removed. IVs are inherently wrong but may be necessary if you cannot take water any other way.

11. Tests To Accept Or Reject

Many tests require that you sign a consent form. You have the right to understand exactly what a test will entail; how it will feel; what the risks are; and what it will contribute to the physician's knowledge of your condition. Be sure you understand how much you have consented to. Don't agree to anything until you are satisfied on all these scores. Don't be ashamed to ask for a second explanation if the first isn't clear. Don't hesitate to make notes of what to ask and of the answers.

Angiogram - This test is performed to get x-ray views of various arteries in order to gain information about those arteries as well as about the organs they supply. For example, areas of bleeding or clotting and any abnormal pathways would be evident. Angiograms can be done of the legs (using the femoral artery), of the kidneys, pancreas, spleen, liver, Gl tract, brain, and heart.

The Hygienic approach is to fast all individuals who have any blood clots, clogged arteries, etc., no matter where they are located. During the fast, the body will remove clots and heal those areas that need it. It does no good to locate those areas on X rays when the X rays do harm in themselves.

Barium Enema - Used to get an x-ray view of the large intestine. This test is totally unnecessary and enervating to the sick individual. Placed on a Hygienic regime, the bowels will heal and normal function will be restored. Barium Swallow (Esophagogram) - This test is used to get an x-ray view of the esophagus. The test may be necessary-only if a mechanical obstruction is suspected. Otherwise, reject this test.

Bone Marrow Aspiration - This test is used to withdraw, through a needle, a small amount of bone marrow, which will then be examined under a microscope. Examination of the bone marrow can reveal information about the production of blood cells.

The bone marrow is an important organ for the production of blood cells but this test will not lead to positive results or correction of the problem. The body itself must initiate this production and will do so when and only when the conditions for health are provided. Here again, fasting and the Hygienic program will lead to a normal blood cell count. The test is useless.

Bronchogram - This test is used to get an x-ray view of the bronchial tree. A useless and dangerous test —reject it.

Bronchoscopy - This test is used to look into the bronchial tubes of the respiratory tract leading to the lungs. This test is not as dangerous as the bronchogram but it is just as useless.

Cardiac Catheterization - This test is used to explore the heart's structures, to measure blood pressure and blood gas levels in the heart chambers and associated blood vessels. When the coronary arteries are being studied, the test is called coronary arteriography; when the chambers are studied, the test is called angiocardiography.

Blood pressure can be taken in a much safer and more pleasant manner and if necessary blood tests may be performed without cardiac catheterization. For the person who is living healthfully, this test is unnecessary. Any individual who is willing to begin a more healthful regime, this test is equally

unnecessary for.

Cholecystogram - This test is used to get an x-ray view of the gallbladder.

Cisternal Puncture - This lest is used to obtain a specimen of spinal fluid from the back of the neck in order to gain information about the nervous system (brain and spinal cord). A dangerous procedure that is unnecessary.

Colonoscopy - This test is used to examine the upper portion of the colon; to remove polyps; or to perform a biopsy. Reject this test. Removing polyps will not create health. The cause of the formation of the polyps must be removed and only then may health be realized. Likewise, biopsies are unnecessary.

Computerized Axial Tomography - To see and localize any abnormalities in the head. Highly-detailed, cross-section, three-dimensional pictures are produced which, because they are of thin slices, or cross sections, establish more precisely than conventional X rays and depth of any abnormality. This test may be necessary following severe injury to the head where surgery may be needed.

Cystometry - This test is used to measure the amount of pressure in the bladder and its reaction to hot and cold, and to evaluate the functioning of the nerves supplying it. This is an unnecessary test that is very enervating to the body. The Hygienist has no need for such tests.

Cystourethrogram, Voiding - (Also known as voiding urethrogram) - This test is used to view, by X ray, the lower portion of the urinary tract (bladder and urethra) during urination. A useless and dangerous test.

Electroencephalogram (EEG) - This test is used to record the electrical activity of various parts of the brain to see if h falls within the normal range. Abnormal electrical patterns are subject to further tests. Everyone's brain gives off minute amounts of electricity. Sometimes a sleep EEG is done, which simply means you are asleep when the recording is done rather than lying awake trying to think pleasant thoughts. This test is unnecessary and meaningless though not dangerous. It is based on a normal range that is derived from people who may be far from normal in their way of living and general health. Do not think that you must submit yourself to this enervating test.

Electrocyography (EMG) - This test is used to evaluate the function of nerves and muscles. This test may be rejected as unnecessary.

Fluorescein Angiogram (Also known as retinal angiogram) - Used to get information about the blood vessels of the eye. An unnecessary test for the Hygienist. Gastric Analysis - Used to analyze a sample of the contents of your stomach, more frequently to check the amount of acid present. This test is totally unnecessary and should be rejected.

Hysterosalpinography - (Also known as uterus and fallopian tube test) - Used to examine the uterus and fallopian tubes when there has been an inability to conceive. This is a worthless test. Adherence to a more healthful lifestyle will often resolve problems in conception.

Intravenous Pyelogram (IVPJ) - Used to get x-ray views of the kidneys, ureters, and bladder. The only time that this test may possibly be needed is in the case of a severe accident where kidney damage is suspected.

Knee Arthrogram - The test is used to get x-ray views of the inside of the knee joint. It is unnecessary except in the case of severe injury and even then it is doubtful.

Laryngoscopy - This test is used to examine the larynx (voice box) in order to take a biopsy or to remove a growth. Here physicians are working on symptoms and not causes. The Hygienist should reject this test.

Liver Biopsy - This test is used to get a small specimen of liver tissue for examination. A dangerous and unnecessary test.

Lymphogram (Also called lymphangiogram) - X-ray examination or the lymph channels and nodes. It

is unnecessary to submit yourself to this test.

Mammography - This test is used to get x-ray views of the breasts to detect tumors. This will only give the physician an excuse for operating. Tumors usually autolyze during the fast and this is a much safer way to correct this problem.

Myelogram - This test is used to get x-ray views of the spinal canal, the area that surrounds your spinal cord. Abnormalities of the contour of the spinal cord or a protruding disc would show up. It has been clinically proven that healing takes place in the case of a ruptured disc more rapidly if nothing is done and the individual stays in bed and rests. All hospital treatments are worthless in these cases and often delay recovery.

Oscopies - In any test the suffix oscopy means "looking into." Another term you may hear is endoscopy; it means the same thing. The rest of the word will tell you what organ or part of the body is being studied. For example, esophagoscopy means, literally, looking into the esophagus; bronchoscopy means looking into the bronchial tubes, and so on. Sometimes, besides looking at an organ, the physician may take a specimen for further examination. This is called a biopsy.

Pneumoencephalogram - To view, by X ray, the ventricles of the brain where cerebrospinal fluid circulates. The test can show if any brain substance has been lost, if there are growths, or if the passage of cerebrospinal fluid has been blocked. The only time that this test may possibly be indicated is injury to the head.

Proetosigmoidoscopy, Proctoscopy, Anoscopy - This test is used to examine the lower part of the colon (large intestine), to remove polyps, or to perform a biopsy. The difference between sigmoidoscopy, proctoscopy and anoscopy is the length of the instrument and the amount of the intestine that can be seen. Observing the lower part of the sigmoid colon is the highest point of the exam; this is called sigmoidoscopy. Proctoscopy is an examination of the rectum just below the sigmoid, and anoscopy is an examination of the anus. It is unnecessary to submit yourself to these unpleasant probings. They irritate the lining of the intestine and no benefits ever result.

Renal Biopsy - This test is used to take a minute sample of renal tissue for study. It is a dangerous and unnecessary test—reject it.

Scanning - This test is used to evaluate the structure and function of various organs, including brain, bone, lung, thyroid, liver, kidney, spleen, pancreas. This test would only be indicated if damage to these organs is suspected following an accident.

Spinal Tap (Also called a lumbar puncture) - This test is used to obtain spinal fluid for examination which will provide information about the nervous system (brain and spinal cord). It is also done to inject drugs or anesthetic. Damage can occur when needles are inserted into the spine for any reason. Do not accept this dangerous procedure. Only adverse results can be expected.

Stress Test - This test is used to see how the heart reacts to exercise. It provides more information than a resting EKG. While not particularly harmful, this test is certainly unnecessary.

Thoracentesis (Also known as pleural tap) - This test is used to remove fluid from the space surrounding the lungs just inside the chest wall, called the pleural space. This procedure is based on the theory of removing symptoms to "cure" disease. It just doesn't work that way. Causes must be removed and this fact makes this test worthless. It is harmful as well.

Ultrasonography - Ultrasonography uses a very high frequency, inaudible sound wave directed into the body at a specific point. The sound waves are generated by an ultrasonic transducer, a device something like a microphone, which is passed over the area under study. When the sound wave passes through the junction of two types of tissue with differing densities, an echo is produced. The echoes bounding off are converted into a visual pattern on a machine and evaluated by your physician. Ultrasonography is used to gather information about soft tissues, such as kidneys, thyroid, heart, female reproductive organs (particularly for pregnant women), spleen, pancreas, gallbladder, lymph nodes, and aorta.

One major objection to the use of such devices is that the ultrasound waves may cause damage to bones and tissues if used improperly—especially if the frequencies are set too high. I would not take the chance of irreparable damage, especially since the value of this testing in the first place is questionable.

Upper GI Endoscopy (Includes esophogoscopy)—looking at the esophagus; gastroscopy—looking at the stomach; duodenoscopy—looking at the duodenum) - This test is used to see the esophagus, stomach, and/or duodenum, or to get a tissue sample for a biopsy. It is unnecessary to submit yourself to such probing. It is likely to cause damage and there is no valid reason for it. The gastrointestinal tract will quickly heal itself when given a total rest.

12. Chemical Feedings

You will find that physicians at the hospital have the idea that you must be fed following an operation to "keep up your strength" for healing to commence. Actually, the opposite is correct. All feedings take strength and energy away from the healing process. One would surely recover quickly if allowed to fast for a few days. Hunger will return when the body is ready to accept and digest food.

12.1 IVs

One of the most common methods of chemical feedings is through IVs. As described earlier, these are tubes connected to a bottle. The tubes are inserted into a vein and the liquid chemicals are allowed to flow into your vein. Physicians advocate these feedings to be sure that you "do not become dehydrated" and also to supply electrolytes, vitamins, and calories. There are several different kinds of IV solutions and they are supposed to each be suited to individual needs.

The body, however, is not equipped to handle inorganic chemicals. The body detects these substances as poisons and attempts to rid itself of them as best as it can under this stressful condition. Certainly much more harm than good is done by administering IVs.

12.2 Hyperalimentation

Hyneralimentation, too, is done intravenously, but into the large vein entering your heart, the superior vena cava, which can dilute the material as it flows into your bloodstream. Because it bypasses the digestive system, this method of feeding is sometimes called total parenteral nutrition (TPN). It is most often used for patients whose intestines cannot absorb nutrients, need a rest, or have been removed. However, if the intestines need a rest, a more sensible approach would be to fast and not subject the body to chemical substances that it cannot utilize anyway.

The solution includes sugar, protein, fat, electrolytes, and vitamins—all inorganic damaging substances. As many as two thousand calories a day can be administered this way. Most often a person stays on hyperalimentation for a minimum of ten days but usually closer to twenty days or more.

Another form of hyperalimentatiori, less frequently used, is enteral hyperalimentation, in which a special diet is introduced directly into the small intestine. This might be done if for some reason you cannot chew or swallow or if there is a problem with your stomach. It will probably be started right in your room. A thin tube is inserted through your nose and passed into your small intestine. The tube is then connected to a pump which provides high-caloric, high-protein feedings continuously.

It has been proven that high-protein feedings are harmful for relatively healthy individuals. How much more harmful could it be for the sick and weakened person. Do not think that you have to submit to such feedings. Simply tell the hospital staff that you refuse such feedings. They cannot force you to accept any treatment against your will.

12.3 Tube Feedings

If there is some problem with your throat or esophagus, or if you are unconscious, you may get nasogastric feedings. In this case a tube is inserted via the nose directly into your stomach. A diet of pureed or blenderized food is introduced.

Gastrostomy feedings are a way of providing nourishment by surgically creating an opening directly into the stomach through the abdomen. This might be done if, again, the esophagus is obstructed, or if for some reason you cannot swallow. The tube, which is inserted into the stomach, is clamped except during feedings, when a blenderized preparation, warmed to body temperature, is introduced.

Again, you have the right to reject any treatment and this includes tube feedings. You may find resistance but they cannot deny your rights.

13. Surgery

Operation rates in this country are double those in England and Wales. If you are hospitalized, the chances you will wind up on the operating table are fifty-fifty (nearly twice as high as in Sweden).

Many physicians look upon surgeons as the only members of their profession who can actually "cure" their patients. More surgery, they feel, means less disease and fewer deaths.

"More surgery," asserts Dr. John Bunker, "means more deaths." Bunker is a Harvard professor and has spent more time studying surgery and surgeons than probably anyone else. Those locales, he points out, where operation rates are highest, also have higher death rates. Indeed, Bunker points out that death rates in the United States are much higher—under age sixty-five—than in most other developed nations. He raises the possibility that these excess deaths may be due to our national love for surgery.

13.1 Risks of Surgery

All surgery carries some element of risk. A so-called "routine" D and C can result in a postoperative uterine inflammation and impairment. The surgeon doing a tonsilectomy may accidentally perforate the internal carotid artery and be faced with a rapidly extinguishing patient.

Below are some of the most common causes of death during and immediately after surgery:

1. Uncontrolled hemorrhage
2. Inflammation and tissue damage
3. Metabolic disorders (abnormal blood sodium, potassium, sugar, etc.)
4. Body temperature disorders
5. Embolism

The most overdone operations include:

- Hemorrhoid repair (hemorrhoidectomy)

- Tonsillectomy (with or without adenoidectomy)
- D and C (dilation and curettage of uterus)
- Hysterectomy (removal of uterus and, usually, ovaries)
- Thyroidectomy
- Varicose vein removal
- Radical mastectomy (removal of breast and surrounding tissue)

You should not go to a general surgeon (or a surgical specialist) for your primary medical care if you feel that you must see a physician. Surgeons tend to have a way of finding things which require surgery. (It is probably no accident that doctors in general, who have the most contact with surgeons, also undergo the most surgery!) On the other hand, "medical men" (internists, family practice specialists, pediatricians, etc.) tend to try to avoid surgery, if possible.

In general, the risk of surgery is less if general anesthesia can be avoided. Many surgical procedures usually done under general anesthesia can be done under another type. You should seriously investigate these other types of anesthesia, in order to lessen the risk of surgery.

You should make certain that your anesthesia will be done by a board-certified anesthesiologist. An anesthesiologist is a doctor who is a specialist in anesthesia. It is his or her job (usually with the surgeon) to select the most appropriate type of anesthesia to be used. During surgery he is also responsible for maintaining all the body's vital functions. In the United States, less than hall of all anesthesia is administered by a physician anesthesiologist.

13.2 Nausea and Vomiting

Nausea and vomiting are occasional aftermaths of surgery. General anesthesia may, at times, result in transient stomach upsets. Other causes may be related to the operation itself (if it is an abdominal procedure, for example) and reactions to certain medications. The best solution is to fast until hunger returns and nausea is no longer present.

In some cases a specific cause can be found and eliminated. This is particularly true when a drug is the offender. If you find that after receiving your pain medication, you become nauseated, tell your doctor or simply refuse that medication.

13.3 Appetite

Even those who don't develop actual nausea and vomiting postoperatively may not feel like eating for a few days. A surgical experience dampens the appetite. Here, again, fasting is essential until hunger returns.

The following is the nonsense advice given by Drs. Ronald Gotts and Arthur Kaufman (*The People's Hospital Book*). It exemplifies the approach taken by most hospitals and physicians.

"If you have no dietary restrictions, a favorite delicacy—an ice cream sundae, a milkshake, pizza, or escargots—brougt in by a friend or relative may revitalize a temporary sluggish appetite. Another remedy tor that no-taste-for-food feeling is a little wine or cocktail before dinner. Many hospitals have wine or hard liquor available. They can be ordered by the physician as a predinner appetite stimulant or a bedtime sedative."

They are advocating the same foods and poisons that resulted in sickness in the first place. It is pure nonsense and demonstrates that any dietary advice given by hospital physicians is best ignored. Either fast or have someone bring in your fruits and vegetables.

13.4 Most Common Operations—Are They Necessary?

Appendectomy - This operation is performed if your appendix becomes inflamed. Appendicitis was a condition unknown to medicine even in the late 1890s. Diagnosed then as "indigestion," "typhilitis," and "bowel obstruction," some patients died, most likely from heroic drugging. Yet many seemed to survive and do remarkably well without the surgeon's interference.

As many as one-third of the appendices removed today are not inflamed at all. Many of the remainder are inflamed due to improper dietary habits. All would recover if allowed to rest and fast. Appendicitis is not a death-threatening situation.

Breast Surgery - If there is a lump in the breast, most physicians feel that the lump must come out to see if it is malignant. They state that the removal of even benign lumps is considered the most prudent approach, because there is some uncertainty about whether or not benign tumors can become malignant. Don't let anyone talk you 'into this surgery. Many thousands of people have had tumors autolyzed during a fast or by merely following a more healthful lifestyle.

Cataract Extraction - A cataract operation is performed if the lens of your eye has become opaque, causing a clouding of vision. A cataract is not a growth or a tumor, but the result of a chemical change in the protein of the lens that prevents light rays from passing through. Cataract surgery is the most common eye operation in the U.S.; some three hundred thousand are performed each year. It involves removal of the lens.

The condition of the eyes reflect the health of the entire organism. Merely removing the cataract will not produce health—you are just removing one result of ill health. On the other hand, a healthy lifestyle will produce clear, healthy eyes.

Cholecystectomy (Removal of the gallbladder) - If, by some unlucky chance, your indigestion, ulcer pain, or bowel complaint happens to coincide with a moment when Doc is in an X-ray-happy mood, you just may get a gallbladder X ray. And if you are in that 33 percent of adults who happen to have a gallbladder stone—which may just be there minding its very own business—off you go to surgery.

The gallbladder performs a useful function, and one's digestive function is never up to par after the operation.

There is a very interesting name for the incision often used in the performance of this little operation. It is a modest little name for a not-so-modest incision. It is, in fact, based on a particularly violent and fatal mutilation popularized in World War II. It is the descriptive image of how the gallbladder operation is begun. It is called the "hara-Kiri" incision.

D & C (Dilation or dilation and curettage) - This operation is performed if you have abnormally heavy bleeding in the uterus; to obtain a tissue specimen for examination, to treat an incomplete abortion or miscarriage, or to terminate a pregnancy.

Do not think that this operation is perfectly safe because it is not. Tissue damage can be done due to this totally unnecessary operation. Any abnormality such as heavy bleeding will be corrected by the body when a healthful regime is begun.

Gastrointestinal Surgery (Including gastric resection, intestinal resection, colostomy, ileostomy, and continent ileostomy) - This operation is done for ulcers, tumors, inflammatory diseases of the intestine, or diverticulitis—all of which may be causing pain, bleeding, obstruction or perforation. The only valid reason why this operation should be performed is if there is a mechanical obstruction or for tissue repair following an accident.

Invariably when this operation is performed for the first reasons given, at some point a tube is inserted through your nose and down your esophagus into your stomach or small intestine. These tubes are used for feeding, for administering drugs, and for removing fluid and gas from the stomach or intestines, as well as for obtaining specimens for study. The tube will be an anasogastric tube if it is to reach your

stomach, an intestinal tube if it is to reach your small intestine. The tube is taped in place at your nose or forehead. As it is inserted, you are supposed to help it down by a, couple of swallows or a few sips of water through a straw. The intestinal tube has a weight at the end, usually a small, soft plastic bag weighted with mercury, which allows peristalsis, the natural movement of your intestines to carry it along, just as it would carry food.

If the tube is being used for suctioning out fluid and gas, it will be attached to a gentle suction pump, which works intermittently. When it is working, a light goes on.

No one should have to submit themselves to this torture-some treatment.

Gastrectomy - This mutilating stomach cutting never was constructive. Instead of telling the patient how to live more healthfully, they simply cut out the stomach.

They sever the vagus nerve to the stomach, the patient not knowing that the nerve almost always grows back. They connect the stomach to the bowel and thereby trade ulcer symptoms for worse symptoms called "dumping syndrome." They cut, stitch, anastomose, sever, remove, and generally make the ulcer patient a lifetime digestive cripple.

Intestinal Resection - This operation is performed to remove tumors or portions of the intestine with diverticuli or inflammatory disease. After the affected portion has been removed and the two parts of your intestine are reconnected, a colostomy may be done It is done temporarily, to allow the intestine to heal and reconnect it in a second operation, or it may be permanent.

If your intestine is inflamed or if you have diverticuli or tumors, the body can and will heal if the causes of disease are removed and a rest is taken. This mutilating operation is unnecessary and will never provide health. Too many of these operations are performed daily, giving the sick individual false hopes of recovery.

Ileosiomy - If the colon is diseased, the entire colon and rectum will be removed, and from then on, waste will drain through an artificially-created opening on the abdomen into a plastic pouch.

This operation makes cripples out of hundreds of people every year. It is based on the false idea that if the diseased portion of the body is cut out, then total health will result. This is entirely absurd. Total health only conies from total healthful living. When the Laws of Life are obeyed, all organs of the body will function perfectly, including the bowels.

Coronary Artery Bypass - This operation is performed if one or more of the coronary arteries (the vessels supplying the heart) have become clogged by atherosclerosis. The most common conditions for which this operation is done are angina pectoris (severe chest pain) and severe disease of the left main coronary artery. The operation involves using grafts from a leg vein to create new routes around the arteries (hence the term bypass) so that blood can travel freely to the heart muscle. Sometimes the mammary artery is used to create the new route.

First done 14 years ago. it is a controversial procedure today. While there is no question that it relieves the immediate symptoms, it has not yet been conclusively proven that it prolongs life.

Hemorrhoidectomy (Removal of hemorrhoids) - This common operation is performed for painful or bleeding hemorrhoids (varicose veins of the rectum). When they are inside the anal sphincter, they are called internal; when outside, external. Internal hemorrhoids frequently prolapse through the anal sphincter and cause pain. If the blood within them clots, they are said to be thrombosed.

Pain, anesthesia, risk of surgery, inflammation, time lost from work, the expense are all consequences of this needless surgery. Most often, the hemorrhoids return because the cause for them has not been removed.

Hernia Repair (Called herniorrhaphy) - Performed to repair a weakened muscle through which an abdominal organ, usually the intestine, protrudes. There are several types of hernia, but inguinal—low on the abdomen near the groin—is the most common.

This operation can be done as an outpatient and doesn't require hospitalization or an operating room. The whole cost of the hospital stay, operating room, anesthesiologist, etc., could be dispensed with. The individual rests for a bit afterward and then goes home.

However, hernias can often be corrected through special exercises performed daily at home. Dr. Shelton describes several exercises in his book, Exercise. By all means, you should give these exercises a fair try before subjecting yourself to any surgery.

Hysterectomy - The removal of the uterus supposedly takes away a so-called "cancer-prone" organ. Thus the gynecologist justifies the operation and the large fees for performing this major surgical procedure.

Along with the uterus, they usually remove the ovaries. This induces an instant "surgical menopause." Often, the women develop years of anxiety, depression, sweats, hot Hashes, and a constellation of symptoms of estrogen deficiency. The physician gives her estrogen shots or estrogen tablets once a month. However, the estrogen itself is a cancer-causing agent. Thus a so-called "cancer-prone" organ has been removed so that the woman can get shots of a known cancer-causing agent.

Prostatectomy - Sitting at the base of the bladder in the male, a small roundish gland the size of a chestnut circles the male urethra. Sometimes it enlarges a bit and presses on the urethra, causing slow starts and a slow flow on urination. However, this is not a valid reason to remove the gland. As soon as the cause for the swelling is removed, the prostrate will return to normal size.

Prostatectomy may leave as its aftermath loss of bladder control (incontinence of urine), impotence, inflammation, impaired ejaculation, sterility, and recurrent return visits to the urologist.

Tonsillectomy and Adenoidectomy (T and A) - This operation is most often performed on children under six who have had recurrent sore throats (a symptom of healing), who have difficulty swallowing, breathing, or talking because their tonsils and/or adenoids are enlarged. They enlarge because of chronic toxicosis.

The adenoids shrink as the child grows older anyway, so the surgeon is sure to operate before that naturally occurs. We should not mutilate and cripple our children with this totally unnecessary surgery. Tonsils and adenoids are vital organs of detoxification.

Thyroidectomy - The fact that enlarged thyroids, overactive thyroids, and underactive thyroids can be completely healed without medicine or surgery is a fact that has largely been ignored by the general surgeons. They routinely cut out the thyroid gland, trusting to fate that the patient will never know that the operation was unnecessary and that the thyroid could have been left alone to heal on its own.

When the surgeon cuts out the thyroid gland, he renders the patient permanently hypothyroid; that is, for the rest of his life the patient will be dependent on thyroid supplements or else he may go into a coma.

Also, when, the surgeon cuts the thyroid, he may cut the recurrent laryngeal branch of the vagus nerve, which courses through the neck just underneath the thyroid gland. The patient then suffers permanent hoarseness due to the loss of the recurrent laryngeal nerve supply to the voice box.

Vasectomy - Vasectomy is male sterilization by cutting the vas deferens (the tube connecting the testes to the penis). Most men who have had vasectomies have subsequently been impotent.

Two reasons why urologists continue doing vasectomies and have not revealed the high incidence of impotence it causes are as follows:

1. Urologists earn a mint doing this operation.

2. So many vasectomies have already been performed, so many men have been made impotent that they are ashamed to admit it or bring up the fact. If the truth should come out, then malpractice cases against urologists would jam every court in the country.

Another aspect of vasectomy that the public has not been made aware of sufficiently is this for practical

purposes it is a nonreversible operation. Rare cases have occurred where surgeons using microscopes have reconnected the severed ends of the vas deferens. However, a successful outcome from this is very rare.

14. Intensive Care Unit

The intensive care unit is designed differently from other areas of the hospital. It is a large room, sometimes with curtains between beds, sometimes not. Men, women, and children are all together. There is a central nurses station from which all patients are visible. Specially-trained teams of doctors and nurses are on duty twenty-four hours a day.

The ICU is a room which is definitely not conducive to health. The room is deliberately kept cool to decrease the body's need for oxygen. This creates an additional stress to maintain proper body temperature.

When you first enter the ICU, it looks like something from a spaceship: wires, tubes, lights, pumps are hooked into and onto mostly immobile, white-sheeted figures. There are constantly flashing lights and beeps from monitors. It is eery and enervating. The light is eerily, intensely bright; there is constant, purposeful movement on the pan of the staff. There is rarely an outside window so there is no fresh air and little sense of time of day or season. Beneath all the apparatus it can be hard to recognize (and sometimes even see) the person you know.

14.1 Equipment

People in the ICU are often hooked up to cardiac monitor's that provide records of the heart's activity.

The screens that display these are usually placed at the patient's bedside, as well as at the central nurses station. Tubes or masks often connect them to a respirator or ventilator. If it is believed that you will need help breathing over a long period of time, a tracheotomy (an opening into the trachea through the neck) may be performed. Moistened air or oxygen will be delivered to the area of the tracheotomy through a plastic tube. Since the normal moistening mechanism (your nose and throat) is no longer doing this job, the air must be artificially moistened to prevent the drying of your respiratory passages.

Sometimes, to see how your heart is handling the blood it is receiving, a central venous pressure catheter is used. This is a thin tube inserted into a vein in your arm and threaded up to the large vein (vena cava) entering your heart.

To get a constant and precise measurement of your blood pressure, thin catheters called arterial lines may be in place in arteries in your arm. This makes it possible to check your blood pressure without having to put on the cuff and pump it up the way your doctor or nurse normally would. In other words, the pain and inconvenience experienced by the sick individual with these catheters if for the primary purpose of making the job of the nurse easier.

Often a Foley catheter, to drain urine, is in place in your bladder. It may flow into a bag and be measured from time to time—another unnecessary monitor.

14.2 People's Reactions

Some people simply cannot tolerate being so totally dependent on other people and on machines. Others

can't bear the lack of privacy. Some feel that they'll go mad from the noise, the continous bright light, the constant attention: temperature, pulse, respiration, and blood pressure are taken every fifteen to twenty minutes. You are burned, checked, made to sit up and cough and take deep breaths.

The people look terrible—pasty-colored, immobile, sometimes unable to talk and, worst of all, often disoriented. Disorientation is common in the ICU because of the constant noise, the lights, the lack of sleep, the fact that patients are seriously ill, may have a fever, and may be sedated so that they won't fight the equipment. People often hallucinate and pass in and out of periods of clarity.

The environment in the intensive care unit is the opposite of what a proper environment for healing should be. These places should be called intensive abuse units. The proper environment should be quiet and peaceful. There should be plenty of windows so that the room is light and airy with plenty of fresh air from outdoors. Since sleep is the prime requirement for all sick individuals, they should never be disturbed when sleeping or resting. There is no equipment or chemicals that can heal—only the body can do that and rest is the primary need.

15. The Emergency Room

The emergency room is an entirely separate unit of the hospital, set up to handle people with an injury or condition that may cause death, disability, or serious illness if not treated promptly.

The person who greets you in an emergency room will have two questions: Do you have insurance? What is the matter? If you do not have insurance and are unable to pay, any hospital that operates a twenty-four-hour-a-day emergency service must still give you emergency care. It does not, however, have to provide follow-up care; and a private hospital has the right, if you cannot pay, to transfer you to a public hospital once you have, received the initial emergency care.

If you do have medical insurance, bring your identification cards with you. It's also a good idea to bring a friend, because the hassle of the emergency room may be more than you can bear alone.

In the hospital, those who get immediate care are usually heart attack cases, women about to give birth, and those with severe bleeding. The rest wait.

15.1 Fees

Don't be shocked by emergency room fees. In large metropolitan hospitals they can be as much as fifty dollars plus charges for such things as X rays. Check your insurance to see if it covers all or a portion of emergency care costs so that you'll be prepared.

16. Questions & Answers

Are there any psychological effects of hospitalization?

Yes, according to Dr. Robert S. Mendelsohn, the psychological dangers of the hospital are every bit as deadly as the physical dangers. He says: "Your hospital stay from the moment you walk in the front door until the moment you walk—or are carried—out has a psychological effect on you similar to a hex or a voodoo curse. Whether you consciously acknowledge it or not, hospital procedures and environment encourage despair and debilitation rather than hope and support. Nobody's optimistic. You see the long faces of the people suffering and dying, and you see the faces of the people who must watch them suffer and die. You see the hospital staff denature their responses and become machines. And then you are denatured at the admissions desk as you are reduced to a collection of numbers and symptoms belonging not to you but to the doctor. You leave your former world and identity behind. You're literally stripped of your former life as you take off your clothes and hide them and your personal belongings in a closet—artifacts of your real life. That past life is kept from reasserting, its ties with you—your relatives—are restricted from spending more than token amounts of time with you.

"The effect of all these psychological pins is that you relinquish any notion you may have had about having control over your health. Your captors isolate you, alienate you, scare you, depress you, and generally make you feel so anxious that you submit to their every wish. Your spirit broken, you are ready to be a "Good Patient."

What causes gallstones to form? Are operations sometimes necessary?

According to Dr. Shelton, imprudent eating and heavy eating of fatty foods by the enervated and toxemic, and a lack of exercise, are chief among the causes that produce gastrointestinal and biliary irritation leading to stone formation. They do not develop in healthy individuals, but in those who have broken down their health by years of wrong living. Nobody would ever have gallstones if he lived right.

Referring to the gallbladder operation, Dr. Shelton says, "In my opinion there is no necessity to operate for gallstones. Normal nutrition is not restored by removing an effect of impaired nutrition. The great and growing army of postoperative invalids attests to the fact that operations on organs of the body do not restore health. Too many organs are removed that could be saved by the simple expediency of draining them by means of the fast. "Instead of surgically draining the gallbladder, a fast will enable the body to perform an excellent job of drainage and do it in a way to leave the gallbladder intact and unharmed."

Can tumors be dissolved without having to resort to surgery?

Yes they can. Dr. Shelton has had considerable experience on this subject and he says,

> "A woman was told that she had" a fibroid tumor of the uterus about the size of a lemon, and that it should be removed at once. This meant that her womb would be removed and that during surgery reasons might be discovered for removing her ovaries.
>
> "But this would not restore health. She would still be a sick woman.

Operations remove effects, not causes. There would probably be a recurrence of tumor. She would also be a physiological cripple. Cutting into the ovaries is like cutting into the brain. The patient rejected the operation and resorted to the fast. Soon the tumor was autolyzed and her organs were saved.

"One case that I cared for was a woman who had a uterine fibroid about the size of a medium-sized grapefruit. Complete absorption of the tumor was brought about in twenty-eight days. This was an unusually rapid rate of absorption and I have never seen it take place so rapidly in another case.

"I have seen tumors in the breast, on the womb, in the abdomen, on the feet and elsewhere absorbed while fasting, and some of these absorptions have been rapid while others have been slow.
"For reasons that are not yet fully understood, some tumors are not affected by the fast, but thousands of tumors, some of them of considerable size, have been completely and permanently removed by fasting. I have had the pleasure of saving hundreds of women from mutilating operations for the removal of the breast, and many more from desexing operations for removal of uterine fibroids. The process is identical with the removal of stores of fat in the tissues. There is nothing mysterious about it.

"Just as fat on any part of the body may be autolyzed and taken up by the lymph stream to be mingled with the blood and used in nourishing the vital tissues of the organism-while no food is being taken, so other tissues may be digested in the same manner and used as food. Muscular tissue, glandular tissue, and other tissues may be called upon to supply nutriment for the more vital tissues, those that have to carry on the most essential functions of life.

"In like manner, the tissues that make up a tumor (neoplasm) are digested and absorbed, the usable portions employed in nourishing the vital tissues, the nonusable portions excreted."

Article #1: Is Medicine a Fraud? by Dr. Herbert M. Shelton

A few years ago Dr. Hutchinson, consulting physician to the London Hospital, lectured at Aberdeen University on "The Progress and Present Aspect of Medical Science." The lecture was published in the British Medical Journal. In this lecture Dr. Hutchinson said:

> "So few are the diseases that we can really cure, that one is tempted to believe that if all the doctors went on strike for a year the effect on the death rate would be inappreciable. In most cases of illness the doctor is really a mental poultice; he is a source of comfort, confidence,

> and consolation to the patient and his friends; but if he is honest with himself he will admit that the number of patients who would have died but for his attendance is lamentably small."

Does this honest confession not brand the practice of medicine as a gigantic fraud and its practitioners as a gang of swindlers? Was anything I ever said about medicine a stronger condemnation of the practice than this coming from one of its honored members? Does Dr. Hutchinson, in the above statement, not, in effect, at least, accuse the members of his profession of accepting money under false pretenses?

Article #2: Physician Heal Thyself - Part 1

The frequency with which medical specialists die of the very diseases in which they specialize speaks volumes to the thinking person. If a physician specializes in diseases of the heart for twenty or thirty years and develops heart disease from which he dies, how can such a man be expected to be able to prevent or "cure" heart disease in his patients?

If he does not know enough to save himself. how can he save you? If members of his own family sicken and die of the "disease" that he has made the object of his specialty, hat can he do for the members of your family? Is it not about time we demand of these men that they prove in their own lives and in their own families the value of their much boasted "science"?

Heart specialists die of heart disease, lung specialists die of tuberculosis, cancer specialists die of cancer, asthma specialists have asthma, hay fever specialists have hay fever, neurologists become insane—what kind of a science of medicine is this that is good for everyone but its practitioners?

Here is a case in point. It is taken from the *New York Times*:

HEART ATTACK KILLS HEART SPECIALIST, 56

Dr. John M. Cassidy Stricken While Attending Patient

JERSEY CITY, N.J.—Dr. John M. Cassidy, a specialist in diseases of the heart, was stricken with a heart attack at the bedside of a patient here yesterday and died within a few minutes. Dr. Cassidy was 56 years old and lived at 1913 Boulevard.

He was born in Paisley, Scotland, and his family emigrated to the United States when he was a boy. He received his early education in the United States and in Scotland, a Bachelor of Science degree from New York University and a degree from Bellevue Medical College, from which he was graduated with Phi Beta Kappa honors.

For fifteen years he was a lecturer on the staff at Bellevue Medical College and for twenty-eight years he was on the staff at the Greenville Hospital in this city. For several years he was associated with Dr. John Wycoff, New York heart specialist.

With all his education, all of his degrees, his connections with famous institutions and his wide experience, he did not know how to care for his own body in a way to keep it healthy and strong. What good is all his store of knowledge, if it cannot be used to help him live?

The sober fact is that he had very little knowledge. He knew a lot; but we would repeat the question that we believe was asked by Josh Billings: "What's the use of knowing so much if what you know isn't so?" This physician had accumulated too much canned ignorance.

Article #2: Physician Heal Thyself - Part 2

"By their fruits ye shall know them" applies as much to "science" as to trees. What are the fruits of modern medical science? What may we expect from this "science" in the future? Do "medical" men really know how to prevent and "cure" disease? Can they really prolong life? Can they help us if we submit ourselves to them for periodic examinations, frequent inoculations, occasional operations, and treatments of many kinds?

If they possess the necessary knowledge and skill to improve, preserve, and restore our health, to prolong our lives and free us from suffering, should we not find evidence of this in the better health and longer life of physicians and the members of their families? If these do not show better health and longer life than that of the lay population, are we not justified in doubting their claim that they possess such knowledge and skill?

A reader sends us a clipping from the *Long Island Star-Journal* telling of the death of a Brooklyn physician who dropped dead in the home of a patient, where he had been called. The physician was only 41 years old. The patient was reported by his wife to be "recovering from his illness."

The physician, Dr. Frank Donigan, died in the home of Joseph McBride, a Great Neck engineer, at 160 South Middle Neck Road.

Were this an isolated case, it might be considered as only a curiosity; but, the fact is that physicians frequently die young, even younger than this one did, and we have known of other cases where physicians have dropped dead while attending their patients. Such facts entitle us to demand, at least, freedom of choice in medical matters.

We cannot reasonably expect medical knowledge and medical methods to do more for us than they do for medical men themselves. Medical men should hesitate before advocating compulsion in the use of their wares when they chalk up such poor records where we have reason to expect their most thorough and conscientious use.

Article #3: "Good Drugs"

In one of his recent syndicated articles, Dr. Irving S. Cutter says that he received a letter that read: "A medical student at Harvard told his father that he was taught that there are only 13 essential remedies. My physician says he is of the opinion that there are only four. Were you to make a list how many would you include?"

After dealing with the old belief that "since the good Lord had sent disease to curse mankind, He had planted in the earth an antidote for every symptom," which we only need to find, and how this led to a search for remedies in everything and, ultimately to the development of shotgun prescriptions, he tells of the development, in the middle of the 19th century, of pharmacology, so that "today every product, before it is applied to human use, must pass the rigid test—what will it do to help the body rid itself of disease?"

Then he adds: "It should be clear that nature is the great healer. All that any medicine can accomplish is

to place the tissues and organs in the best possible condition to repel illness." This is a perversion of the old threadbare statement that "it is nature that heals, medicine only aids nature."

I am certain that Cutter is well aware that "medicines" never "place tissues and organs in the best possible condition." He may not know that the body does not "repel disease," for he still thinks that "disease" is some kind of a mysterious attacking force that must be repelled as any invader should be repelled. But he has studied too much toxicology to believe the mass of lies in the pharmacology about the "physiological action" of poisons.

He tells us of pharmacology, that it deals '"with the action of drugs." But he omits to mention the fundamental defect in pharmacology, if he is aware of this glaring defect: that it fails to distinguish between the "action" of drugs and the action of the body. Pharmacology attributes all the action to the lifeless drug—the chief characteristic of which is *inertia*—and none to the living body, the leading characteristic of which is *action*—"action is life."

He believes that epsom salts act on the bowels to produce a diarrhea; and does not understand that the diarrhea is bowel action—that the living thing and not the lifeless thing does the acting. It is the bowels acting on the drug to eject it that produces the diarrhea. Pharmacology is a mass of fallacy simply because it mistakes vital action for drug action.

Drugs do not "place the tissues and organs in the best possible condition." On the contrary they force them to assume a condition of defense. They are compelled to defend themselves against the drugs. Drugs place them either in a condition of excitement, followed by exhaustion, or in a condition of depression, also followed by exhaustion. The excited action of the bowels (diarrhea) that follows a dose of salts, leaves them exhausted. The depression of these same bowels that follows a dose of morphine exhausts them nonetheless.

Cutter uses the term "medicine" and net drug. Medicine is derived from a Greek word meaning heal or healing. There are no medicines. "It should be clear that nature is ' the great healer." What is nature? In this instance, nature is the ensemble of the forces and processes of life. It is nutrition, detoxication, drainage, elimination, repair, recuperation—function. Nature is not only the great healer—she is the only healer.

Continuing, Cutter says: "In this connection (that of putting the tissues and organs in the best condition to repel the mysterious attacking force), nursing often is more powerful than all the elixirs in the pharmacopeia." This must depend on the kind of nursing employed. For, nursing may be "medical" nursing, or it may be Hygienic nursing.

Cutter says:

> "A few years ago Dr. Shattuck of Boston prepared two lists of drugs. The first enumerated 11 items and was entitled "Very Valuable," the second tabulated 15 under the caption, "Useful." Of the first 11, diphtheria antitoxin is the only serum noted. Nowadays we could scarcely do justice to our patients without antitoxins against lockjaw, gas bacillus, meningitis and pneumonia
>
> "Since Shattuck's pronouncement the sulfonamide derivatives have come into the picture. They are lifesaving in the treatment of meningitis, urinary infections, mastoid, middle-ear disease and pneumonia
>
> "Anesthetics are not even mentioned. I would incorporate also oxygen—so helpful in certain respiratory and heart conditions. When combined with carbon dioxide, this element is of great service in the management of gas poisoning
>
> "The only hormone recorded is insulin. Most experts, I am sure, would demand pituitrin, adrenalin and the sex hormones. There is no reference to glucose or normal salt solution.

> Certainly human blood and plasma occupy positions of first importance
>
> "Thoughtful physicians are not generous drug-prescribers, but they must be familiar with the possibilities of their ammunition. To answer the question categorically, I think I would accept most of Professor Shattuck's 26 entries. To these I would add at least a dozen more, with the reservation that no one preparation should be employed unless the doctor who prescribes it knows just what it will do and that his patient needs it."

He includes oxygen and human blood among the "valuable drugs." How did he overlook food and the human brain? Aren't they "valuable drugs," also?

All leading physicians are agreed that there are not many "valuable drugs," but they are not all agreed as to which are the valuable drugs. I have not seen Shattuck's list, but it is safe to say it contained the now discarded specific for "syphilis"—mercury. Most lists of this kind also contain the vaunted specific for malaria—quinine.

A few years ago a prominent New York City physician stated that he could practice medicine successfully with three drugs—mercury, opium, and quinine. I saw a list of "really valuable drugs," prepared by a famous medical authority that contained only twelve drugs. At the present time the Army recognizes epsom salts, C.C. pills, arsphenamine, and sulfanilamide. The U.S. Pharmocopea and the Handbook of New and Nonofficial Remedies each contain a large list—over 45,000 in all—of "curative" drugs.

The simple truth is that there are no valuable drugs. They cure nothing, but kill many. They can cause disease; they cannot restore health. Drugging the sick is a survival of savagery. Increase or decrease the number of drugs in use as they will; it still remains a relic of the voodooism of the medicineman of savage tribes.

Article #4: Good Medical Attention by Dr. George E. Crandall

In the *New York Times* magazine section several years ago, there appeared an article captioned, "How Healthy Are We?" by Michael M. Davis. It contains some very interesting statements, statistics, and assertions. It is a very graphic tale of a decaying civilization. The contrast between the youth of this country of 1917-1918 and the draftees of 1941-1942 shows conclusively that, in spite of our boasted medical enlightenment and progress, humanity is on a declivitious march. "The March of Time" is undermining our health and sapping our vitality.

The subjects of this article have been examined, reexamined, immunized, reimmunized, and possibly sterilized, yet they are less fit than the youth of two decades ago. Can it be that the advice and knowledge of the family physician, the American doctor, is grossly misleading and fallacious? All these young men have been supervised from birth by the family doctor: in infancy, in the public schools, in colleges and in their athletic pursuits everywhere. Yet approximately 1,000,000 of the 2,000,000 drafted were weighed in the balance and found wanting of the physical qualifications essential to modern war requirements. If I were a logician, an analyst, or statician, I would want no more conclusive proof of the incompetency of modern medical science than the comparative health status of the American youth as released in this article.

The cause of our health deficiency as given by the author is that we do not receive "good medical

attention." He does not state the reasons but infers that we are all negligent and fail to employ a physician: TMs, too, in spite of the fact that they are forced on us from birth by custom, coercion, and law. We could not dodge them if we would. We are medicated, vaccinated, innoculated, extirpated, serumized, immunized and figuratively baptized. We are literally soaked and saturated in a medical bath, yet we grow weaker and weaker. Possibly if all the pseudo-science was abandoned, Nature would have an opportunity to develop our youth more normally and more ideally.

There is only one way to build a healthy, sturdy adulthood and that is to observe and follow all the health laws. Be guided by natural instinct rather than live haphazardly and depending on artificial immunity which, itself, is taking a huge national toll in degenerating our manpower.

"The human machine shows more diseases and defects as it gets older, *especially when it does not receive good Medical attention*." From this quotation it is quite apparent that the author is not familiar with medical practice or such a statement could not have been made. As we grow older, we build and develop all the chronic diseases. These ailments, when once established incurable and not amenable to any known medical treatment. We have been building these diseases for years and even now heart disease (incurable) is taking a greater toll than any other disease, either acute or chronic. Now why are these diseases not prevented by "good medical attention"? The chronic so-called incurable diseases are not respectors of poisons and the wealthy are more frequently afflicted and go down and out more rapidly than the less opulent, in spite of the fact that they can well afford the most renowned physicians and clinics in the land.

If doctors know the cause and cure of these degenerative diseases, why are the American people kept in ignorance? Why do we donate to, endow and build lavish foundations for medical institutions and medical progress and receive no enlightenment or health improvement in return? We are sinking, fellow Americans, into the clutches of disease and death and there is no succor or saviour.

Is American medicine commercialized? Do we need state medicine? Has medical science yet discovered the true cause of disease or have they been totally deceived into following a "Will o' Wisp"—a false philosophy? Is the germ theory a farce and is the practice of modern medicine a burlesque? These are pertinent questions vital to every American and they should be answered truthfully.

We pay annually, over $2,000,000,000.00 for relief from discomfort, pain, and suffering. This is a staggering sum and should insure health to everyone if we could receive adequate enlightenment along health lines. It should be self-evident that if we build better health, we will develop less disease. If we would pursue our health search far enough, we could eradicate all disease, suffering, and premature death. It is certain that we cannot obtain this knowledge from licensed physicians and it is not taught in hospitals, or clinics, nor by the visiting nurses association.

In time of need, health knowledge is not even supplied by the American Red Cross.

There is only one solution to this vital national problem. It is quite evident that our modern medical knowledge is woefully inadequate, erroneous and ineffective. Even surgery cannot cut health into the body or the cause of disease out of the system. Our only solution to this national problem is to learn "The Laws of Health," and develop enough desire and self-control to practice them. Health cannot be expected from a country of people saturated with tobacco, alcohol, tea, coffee, and drugs.

Doctors and their families indulge in all the bad habits that are so prevalent, suffering with the same degree of impaired health and go to an untimely grave. Frequently, we read of doctors or members of their families dying from twenty to thirty years prematurely so it is a case of the blind leading the blind and all the medical propaganda we read so much in the daily papers is just a game of Blind Man's Bluff.

By a proper regime, consistently and persistently followed, we can in time develop a healthy, strong, and vital people. It will eliminate our weakness and susceptibility to disease. This is a natural immunity and the only dependable safeguard we can possess. It is the function of a health school to impart these laws to the public and create in humanity a desire to have health rather than physician and mental degeneracy and destruction.

Rome has burned but we are still fiddling. Are the needle and the scalpel mightier than the sword (truth)?

Article #5: Blood Transfusions by Dr. Herbert M. Shelton

We have received numerous requests for information about blood transfusions, blood banks (or, as, one correspondent called them "bloody banks"), and the desirability of donating blood to the sick and wounded. All this curiosity has been aroused by the frequent calls for blood and the many stories carried by the press of the great good accomplished by transfusions and by the use of the blood banks.

Our readers, despite the information they possess, are still very susceptible to voodooism's propaganda. If the propaganda is persistent enough, or repeated often enough, or if its claims are great enough, they think there may be more to it than there is to other forms of propaganda.

That blood-transfusing is a hoax and a swindle; that it is only an expensive and dramatic piece of grand-stand play by voodooism's white-robed priests; that it is a damaging and often fatal procedure, have been known for years; yet our readers seem to think there may be good in it.

On the other side of the picture, one of our readers in Rochester sent us what he calls a "good one." He tells us that "the Red Cross is making its rounds in the Rochester industries to replenish its blood bank—or should I call it, its bloody bank? It has just completed its stay at Eastman Kodak Company, Rochester's largest industry. Pressure was put upon all the workers to donate of their substance.

"Here is the procedure: A pint of blood is taken from the arm of each worker. After that, each one is ushered into a sort of traveling cafeteria. The worker is now given a treat for his donation. The treat is supposed to help him recover from his loss of blood. And here it is:

"Sandwiches of white bread and baloney or cheese or peanut butter, coffee, tea, or milk (pasteurized) with white sugar cookies—cigarettes—a shot of liquor!!

"These same blood donors (or suckers) are expected to give a new transfusion within two months. Perhaps the above offerings ought to make this entirely possible. Viva La Red Cross!"

The Red Cross, which is the left hand of the Medical Trust, may always be counted on to build up the blood of its victims with *good* white bread, spoiled meat, coffee, *good* white sugar, pasteurized milk, cigarettes, and booze. When the present world madness has ended and the world is being reorganized in a way to prevent its (mis)leaders from creating another hell on earth, the Red Cross must be sent to the same oblivion to which political organizations will go. The Red Cross must be punished by forcing it to spend eternity in the same padded cell with the A.M.A. Who was it dubbed the old harlot, "The Greatest Mother of Them All"?

The present vogue is to transfuse as often as possible and, if this does not result in death, credit the transfusion with recovery. Every recovery following transfusion is attributed to the transfusion. If the patient "fails to rally" and dies, this is due to *other causes*.

Deaths following transfusions are more frequent than the public is aware of and, while it is positive that the transfusions do often kill outright, there is no unquestionable proof that they ever save a life, or, even that they ever result in positive good.

Apparent successful results of transfusions are usually played up for the public, while the evident failures and damages are not given any great flare of publicity. Front page space is for the spectacular.

Blood transfusions were first made from animals. Later human blood was used. At first the blood was caught in a funnel as it spurted from the artery of the donor and sent through a tube into the veins of the patient. Later a method was devised that conveyed the blood directly from the donor's artery to the vein of the receiver. Still later, instead of direct transfusions, "blood banks" were made by taking the blood, mixing it with an anti-clotting chemical and storing it until used. The latest development is that of "blood dust." The blood plasma is dried in huge sausage skins and stored or shipped. Later this dust is mixed with distilled water and pumped into the veins. Or, if distilled water is unavailable, the unopened skins are immersed in ordinary water. The water passes through the skins, which filter out foreign matters from the water. Enough water passes through the skins to create a fluid "plasma."

It should be recognized that the introduction of the blood of one individual into the body of another is the introduction, therein, of a foreign serum. True, it is human serum and, therefore, theoretically at least, should not produce the symptoms or reactions of serum poisoning—*anaphylaxis.* Actually, however, it does this very thing as we shall show often adding a few symptoms that are missing from serum poisoning.

Let me list the symptoms and evils which follow transfusions as given by these great surgeons—chills, nausea, vomiting, muscular pains, dyspnea (difficult breathing), cyanosis (blueness due to heart and circulatory difficulties), urticaria (nettle rash), headache, fatal hemolysis, (breaking up of the red blood cells), spasm of the un-striated (involuntary) muscles, asthmatic symptoms in the lungs, involuntary voiding of the urine and of the feces, acute edema (dropsical accumulation) of the lungs, hemorrhage, embolism (blood clot), and death. Hemolysis may occur without going far enough to result fatally. Some of these surgeons are convinced that in some conditions in which transfusions are employed, generally, those patients who receive the transfusion "will die sooner than those without."

"Fatal anaphylaxis following blood transfusions," "the deaths following usually in a few hours after transfusion" and occurring often in cases where "previous study of the blood had shown that they were *entirely satisfactory*," should convince everyone that blood shown to be "entirely satisfactory" is not really satisfactory. I am sure that no blood would satisfy me which would kill me in a few hours, or, even in a few days.

The damages to the body listed above, as resulting from transfusions may seem to the reader to be enough. Yet there is no reason to doubt that all the tissue damages throughout the body, which result from all serums (foreign proteins), or serum sickness, also result from blood transfusion. The above-listed damages and symptoms are only the most prominent and most important ones among those that have been studied.

Does it not seem a bit strange that a patient who is very low, who perhaps, is thought to be almost at the point of death, and is fighting desperately with the little remaining strength which he has, should be subjected to such damaging, and deadly treatment? It is stranger still when we consider that the authorities themselves consider it to be valueless in most of the conditions in which they employ it and are hopelessly divided in their opinions about which conditions it is, or may be, of limited value in occasional cases.

Dr. Peterson is evidently correct when he says that "a procedure which lends itself so readily to commercial exploitation is apt to come in for a certain amount of abuse."